



**CONSTRUCTION
CONTRACTORS BOARD**
PO Box 14140
Salem OR 97309-5052
503-378-4621
www.oregon.gov/CCB



REQUEST FOR ACTIVE LICENSE STATUS - \$20 FEE REQUIRED

NOTE: ORS 701.115(5) states that a license may not be placed or maintained in inactive status more than once during any two-year period.

Name _____
(Print name of licensed entity) _____ CCB License No.

I am requesting that the above license be converted from inactive status **back to active status**. I understand that the above license must comply with all of the following conditions before my license will be converted back to active status:

1. **Do you have a current, non-cancelled bond on file with the CCB?** Yes No
If you answered "No" you must enclose an original, signed and sealed bond with this form. The bond must be in the amount required for the selected license category.
2. **Do you have a current, valid Certificate of Insurance on file with the CCB?** Yes No
If you answered "No" you must submit a Certificate of Insurance with this form. The Certificate of Insurance must be in the amount required for the selected license category.
3. **Are the employer account numbers on file still current and active?** Yes No
If you answered "No" you must supply current employer account numbers if your employer status is non-exempt. In addition, please supply evidence of active workers' compensation coverage.
4. **Is your assumed business name, corporation or LLC currently filed and active at the Oregon Corporation Division?** Yes No
If you answered "No" you must supply evidence that you have an active filing at the Oregon Corporation Division (contact them at 503-986-2200 for assistance).

By signing below, I certify that I have read the above, and that the licensed entity will comply with each requirement.

Person making request _____
(Please print name of sole proprietor, partner, officer, member or trustee)

Signature _____ _____ Date
(Sole proprietor, partner, officer, member or trustee)

You will be notified of any problems or you will receive a new license in approximately 15 working days.

HOW TO PAY \$20

If paying by check, make check payable to the *Construction Contractors Board* and mail to the address above.

If paying by credit card: Visa MasterCard Discover Payment Amount \$ 20.00
Account # _____ Expiration Date (Mo/Yr) _____
Print Name as Displayed on Card _____
Credit Card Holder's Address _____
Signature _____

(Credit card-only customers may fax this document to 503-373-2155)